## CREDIT APPLICATION (ALL FIRST TIME JOBS ARE C.O.D)



ORGANIZATION:	CITY: STATE: TITLE: TITLE: TITLE: DATE STARTED: CORPORATIO OR TAX ID#: CONTACT: ROUTING NUME	ZIP:EMAIL:	
PHONE:	STATE: TITLE: TITLE: TITLE: DATE STARTED: CORPORATIO OR TAX ID#: CONTACT: ROUTING NUMBE	ZIP:EMAIL:	
PRIMARY CONTACT:	TITLE: TITLE: TITLE: TITLE: DATE STARTED: CORPORATIO OR TAX ID#: CONTACT: ROUTING NUMBER	EMAIL:  EMAIL:  EMAIL:  EMAIL:   EMAIL:   BER:	
ACCOUNTING CONTACT:	TITLE: TITLE: DATE STARTED: CORPORATIO OR TAX ID#: CONTACT: ROUTING NUMBER	EMAIL:  EMAIL:  ONSTATE  BER:	
ADDITIONAL CONTACT:	TITLE: DATE STARTED:CORPORATIO OR TAX ID#: CONTACT: ROUTING NUMBER	EMAIL:  :  DNSTATE  BER:	
CHECK ONE: INDIVIDUAL PARTNERSHIP EMPLOYER ID # :	CORPORATIO OR TAX ID#: CONTACT: ROUTING NUMBER	DNSTATE BER:	
BANK:	OR TAX ID#: CONTACT: ROUTING NUME	BER:	
BANK:ACCOUNT NUMBER:NAME ON ACCOUNT:	CONTACT: ROUTING NUME	BER:	
ACCOUNT NUMBER:NAME ON ACCOUNT:	ROUTING NUME	BER:	
ACCOUNT NUMBER:NAME ON ACCOUNT:	ROUTING NUME	BER:	
NAME ON ACCOUNT:	-		
		STATE: ZIP:	
PHONE: FAX:  2 PHONE: FAX:	CON EMA	NTACT:	
3			
PHONE: FAX:	EMA	AIL:	
THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING OF CONFIDENCE. APPLICANT'S SIGNATURE ATTESTS FINANCIAI ACCORDANCE TO TERMS. (TERMS NET 30 DAYS.) REASONABLE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS CREDIT AND FINANCIAL RESPONSIBILITY.	L RESPONSIBILITY, AI ATTORNEY FEES WIL MADE TO INVESTIGA	ABILITY AND WILLINGNESS TO PAY OUR INVOICES LL BE CHARGED ON ALL COLLECTION ITEMS. I/V ATE THE REFERENCES LISTED PERTAINING TO M	
AUTHORIZED SIGNATURE::			
PRINTED:	DATE::		
INDIVIDUALS/PARTNERSHIPS MUST COMPLETE THE FOLI	LOWING PERSONAL	L GUARANTEE	
I, residing at	for and in cons	sideration of your extending credit at my request to	
I, residing at (Organization:) (hereinafter referred to as th obligation of the company and I hereby agree to bind myself to pay F	e "company") hereby p PC&E on demand any s	personally guarantee to PC&E the payment of any sum which becomes due to PC&E by the company	